MULTIPLE DEPENDENT CLAIM								SERIAL I	NO	-		FILING I	DATE		
	FEE CALCULATION SHEET							10/559.853							
		(FOR U	SE WITH	FORM	PTO-875	APPLICA	NT(S)	1,00		<u> </u>					
			·				CLAIM	ſS							
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CLAIMS			イン					LAIMS							
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## SEST AVAILABLE COPY